



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)  
**Request For Exception to Policy (ETP)**  
**For Use of Restrictive Procedures**

PRINT CLIENT NAME	LAST	FIRST	MIDDLE	DATE OF BIRTH	COMMUNITY PROTECTION PARTICIPANT <input type="checkbox"/> Yes <input type="checkbox"/> No
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ADDRESS	CITY	STATE	ZIP CODE
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Procedure(s) for which exception is requested:

Does this person have a legal representative?  Yes  No  
 If yes, provide the following:

LEGAL REPRESENTATIVE'S NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
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**DOCUMENTATION**

Attach the following documentation per DDD Policy 5.15, Use of Restrictive Procedures:

- a. Definition of target behavior(s)
- b. Functional assessment or psychosexual evaluation
- c. Description of positive behavior support strategies or proposed Positive Behavior Support Plan (PBSP)
- d. Description of restrictive procedure(s) requested
- e. Data collection plan
- f. Monitoring and evaluation plan
- g. Written consent of the person
- h. Written consent of the legal representative
- i. Other (specify):

**AGENCY REQUESTING ETP**

AGENCY'S NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
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ADDRESS	CITY	STATE	ZIP CODE
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PRINT ADMINISTRATOR'S NAME	ADMINISTRATOR'S SIGNATURE	DATE
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**CASE RESOURCE MANAGER REVIEW**

RECOMMEND APPROVAL <input type="checkbox"/> Yes <input type="checkbox"/> No	PRINT CASE MANAGER NAME	DATE
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**FIELD SERVICES ADMINISTRATOR OR PSYCHOLOGIST REVIEW**

Final approval level required for this restrictive procedure (Check one)

- RA Only
- RA and Division Director

COMMENTS

RECOMMEND APPROVAL <input type="checkbox"/> Yes <input type="checkbox"/> No	FSA/PSYCHOLOGIST'S SIGNATURE	DATE
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**REGIONAL ADMINISTRATOR'S DECISION**

- Recommend approval to Division Director and submit (if Director level approval is required).
- ETP approved for \_\_\_\_ months (not to exceed 12 months).
- ETP denied.
- Resubmit with modification(s) as specified (or attach additional sheet):

COMMENTS

REGIONAL ADMINISTRATOR'S SIGNATURE

DATE

**DIVISION DIRECTOR'S DECISION**

- ETP approved for \_\_\_\_ months (not to exceed 12 months).
- ETP denied.
- Resubmit with modification(s) as specified (or attach additional sheet):

COMMENTS

DIRECTOR'S SIGNATURE

DATE